CITY OF SAINT PAUL

SUPERVISOR'S SAFETY REPORT　　　　　　　　　　　　　　　　**INJURY OR AGGRAVATION**

> THIS FORM MUST BE COMPLETED by the supervisor for each work-related injury or aggravation within 24 hours

Date of hire: _____ Time employee started work _____ COSP Employee Number _____

DEPARTMENT _____ **DIVISION** _____ **ACTIVITY CODE** _____

1. First Name _____ Middle Name or Initial _____ Last Name _____
2. Date of Injury _____Time of Injury _____
3. Type of Claim ☐ No Injury/Illness　　☐ First Aid Treatment Only　　☐ Injury　　☐ Illness
4. Attachments ☐ Photos　　☐ Diagrams　　☐ Statements　　☐ Supporting Documents
5. Type of Incident:
   - ☐ Assault/Violent Act by Person　　☐ Slip/Fall　　☐ Repetitive Motion
   - ☐ Caught in Equipment or Object　　☐ Struck Against Object　　☐ Electrical Exposure
   - ☐ Fire/Explosion　　☐ Struck by Object　　☐ Exposure to Harmful Substance
   - ☐ Overexertion/Sprain/Strain　　☐ Transportation Accident　　☐ Patient Lifting
   - ☐ Other (Explain) _____
6. Location of incident _____
7. Was incident on city property? ☐ Yes　☐ No
8. Was site of injury visited? ☐ Yes　☐ No　　Date of site visit _____
9. Contributing Work Activity or Procedure:
   - ☐ Operating without authority　　☐ Nullifying safety devices　　☐ Failed to follow rules/procedures
   - ☐ Failure to make secure/shutdown　　☐ Using equipment unsafely　　☐ Taking shortcuts
   - ☐ Working/moving at unsafe speed　　☐ Using unsafe equipment　　☐ Horseplay
   - ☐ Failure to warn/signal　　☐ Taking unsafe position/posture　　☐ Failure to use PPE available
   - ☐ Failure to cleanup/pickup　　☐ Failure to ask for assistance　　☐ Other (Explain) _____
10. Root Cause(s) of Incident: (events leading to the incident)_____
    _____
    _____
11. What can be done to prevent similar occurrence? _____
    _____
12. Did another person, tools, or equipment contribute to this injury?　☐ No　☐ Yes- -Identify and describe how _____
    _____
    _____
13. If injury occurred outdoors, describe the weather conditions _____
    _____
14. Environmental Conditions:
    - ☐ Inadequate Guards or Safety Devices　　☐ Poor Housekeeping　　☐ Defective Equipment, Tools, Etc.
    - ☐ Inadequate Warning Devices　　☐ Projection Hazards　　☐ Hazardous Chemical Conditions
    - ☐ Fire/Explosion Hazards　　☐ Congestion, Close Clearance　　☐ Noise
    - ☐ Unexpected Movement Hazards　　☐ Hazardous Placement/Storage　　☐ Inadequate Illumination
    - ☐ Weather Related　　☐ Hazardous Personal Attire　　☐ Other (Explain)_____
15. Was or can any corrective action taken?　☐ No　☐ Yes—Describe_____
    _____
    _____
    _____
16. Any additional information regarding the case _____
    _____
    _____

Supervisor's Name (Print) _____ Supervisor's Phone _____

Supervisor's Signature _____ Date _____